

The Healthy Start Initiative in California: Final Report by Neal Halfon et al., UCLA Center for Healthier Children, Families and Communities

Report Summary

Introduction

Senate Bill 620, the 1991 Healthy Start Support Services for Children Act, established California's Healthy Start initiative. The California Department of Education (CDE) administers Healthy Start and awards planning and operational grants to local education agencies.

Healthy Start was launched in order to allow schools to provide a range of health, social, and academic support services to support the learning process in order to improve academic achievement for all students. To better meet the needs of the school learning community, Healthy Start provides an opportunity for schools and their collaborating community partners to develop new service delivery capacities in order to provide essential learning support services for students and families. The services provided in each Healthy Start collaborative community are the result of a comprehensive assessment to identify the needs and strengths and reflect the unique conditions and opportunities of each community.

Healthy Start Sustainability Study

By design and legislative intent, Healthy Start programs are meant to be self-sustaining after the initial grant period. Since no additional funds are allocated to Healthy Start grantees that have completed their three to five-year operational grant periods, it is important to understand the factors and conditions that allow some Healthy Start grantees to sustain and continue to provide their services once initial operational grant funds have ended. How sustainability was achieved by these grantees may provide important lessons to current and future grantees.

In order to examine the determinants of sustainability, the California Department of Education (CDE) funded a sustainability study conducted by the University of California Los Angeles, Center for Healthier Children, Families, and Communities (CHCFC) in the Spring of 2000. The purpose of the study was to analyze the extent to which Healthy Start grantees have achieved sustainability and to define critical determinants of sustainability like management, organizational, and funding issues.

The study survey was sent to all 470 currently funded and post-funding operational Healthy Start grantees in California funded from 1991 to 1999. These Healthy Start grantees support sites serving 1,122 schools and 865,205 students. The survey was returned by 286 grantees. Of those responding, 69 percent (197) were categorized as currently funded grantees and 31 percent (89) were categorized as post-funding grantees.

Healthy Start Study Findings

The survey data was analyzed to obtain descriptive grantee information and identify characteristics significantly related to sustainability. For the purpose of the study, sustainability was conceptually defined as *“the ability to continue providing an appropriate level of services when operational grant funding expires.”*

Survey findings highlighted several characteristics of Healthy Start grantees. These include:

Grantee Characteristics

A profile of Healthy Start grantees shows what services have been provided and how the types of services currently offered vary by funding status.

- Most grantees reported providing an average of 12 of the 15 different service types, with a minimum of 4 and a maximum of 15 service types. These service types include youth academic services, after school mentoring and tutoring, medical and health services, mental health services, and dental screening.

Coordinator Characteristics

Healthy Start Coordinators play a central role in Healthy Start programs; thus, coordinator skills may be associated with program success.

- Coordinators spent 1-2 years as coordinators of the Healthy Start site/initiative.
- Currently funded grantee coordinators spend an average of 90 percent of their time coordinating Healthy Start activities, whereas post-funded coordinators spend an average of 75 percent coordinating these activities.
- 61 percent of coordinators reported having a Master's degree, and 28 percent reported having a four-year degree.

The Collaboration Process

For long-term sustainability of Healthy Start grantees, relationships must be built with the decision-makers in collaborating local agencies who can assign staff or direct funds to fulfill the Healthy Start collaborative service needs.

- 60 percent of grantees with agencies involved in their collaborative meetings reported that the agency representatives had decision-making power for the agencies.
- Most of the grantees reported active collaborative participation by local school districts, city, and county agencies.
- Nineteen percent of grantees reported no county involvement, and 24 percent reported no city involvement.
- Grantees reported that successful collaborations resulted in improved services to families, better coordination among service providers, easier access to services for families, less duplication of services, and improvements in school attendance and academic outcomes.

The Case Management Process

Case management has been defined as “a system in which individuals were responsible for coordinating student or family care across agencies.”

- Most grantees (96 percent) reported the provision of case management services.
- 54 percent of the grantees providing case management used Healthy Start Staff. Approximately 44 percent of that 54 percent of the grantees provided case management through a combination of both Healthy Start and partner agency staff.

The Evaluation Process

Evaluation is a required component of the Healthy Start Program during the grant period.

- All of the grantees participated in the required evaluation process, which includes an education component and at least one of eight other components.
- 24 percent of currently funded and 56 percent of post-funding grantees reported having undergone “additional” evaluations (34 percent of grantees overall).
- 78 percent of these grantees reporting these additional evaluations most frequently indicated that their evaluations focused on student outcomes.
- Most grantees reported that the evaluation process was helpful in improving operations and sustainability.

LEA Medi-Cal Funds

The study provides data on the effectiveness of the California LEA Medi-Cal Billing Option for Healthy Start sustainability. However, federal changes in 2001 to the California LEA Medi-Cal Billing Option have limited this as a source of sustainability funding. The reimbursement for Targeted Case Management (TCM) services to students with an Individual Health Services Plan was eliminated, and the TCM reimbursement for students enrolled in Special Education Programs was greatly limited. This has severely limited the ability of Healthy Start grantees to claim reimbursement for TCM, which has been the cornerstone sustainability funding resource.

Service Capacity of Post Funding Grantees

Using a self-assessed measure of service capacity, a “service trajectory” was created for all post-funding grantees in cohort 1 (1991-1992) through cohort 5 (1995-1996). Three levels of sustainability were developed to represent the ongoing (post funding) service delivery capacity.

- 30 percent of post funding grantees reported an increase in service capacity after Healthy Start funding ceased (*upward service trajectory*).
- 33 percent of post funding grantees reported no change in service capacity or reported different services (*a same level trajectory*).
- 37 percent of post funding grantees reported a decrease in service capacity (*decreasing trajectory*).

CONCLUSIONS

This analysis of the sustainability of Healthy Start grantees in California found that a majority of the grantees (80-84 percent of the post-funding grantees) were still in operation. The success of Healthy Start initiatives, however, depends on several factors, including sources of funding and types and numbers of collaborative partners, which impact the overall sustainability of these efforts. Addressing the various determinants of sustainability will enable the core state investments to be continued and maximized, student and family successes to be maintained and maximized, and the Healthy Start “service platform” to be used by complementary initiatives such as Proposition 10 in California.

Some potential concerns related to sustainability emerged from the findings. For example, while two-thirds of the post-funding grantees were either maintaining or expanding their service capacity, the remaining one-third of grantees reported a diminishing service trajectory that would indicate a decreasing ability to provide services and, in turn, low future sustainability. In addition, the largest proportion of those that were not on an improving service trajectory came from earlier cohorts, suggesting not only that some earlier/older cohorts were not in operation, but that problems with sustainability may not manifest immediately.